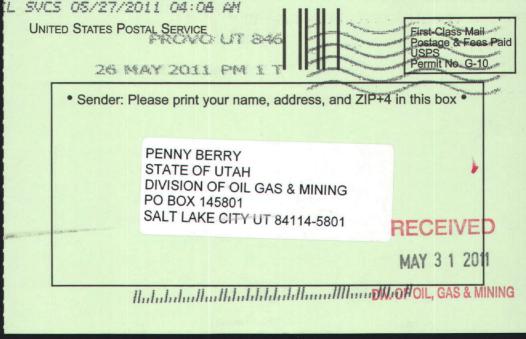
## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addresse so that we can return the card to you. B. Received by (Printed Name) C. Date of Deliven Attach this card to the back of the mailpiece. Bry Do or on the front if space permits. Yes Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No PO BOX 127 **BRAD BOYTER** Aurora, Ut 84620 WESTERN CLAY CO 620 E STATE HWY 24 AURORA UT 84620 3. Service Type ☐ Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail TCOD. M0150061 4. Restricted Delivery? (Extra Fee) 5/24/2011 ☐ Yes 2. Article Number 7009 3410 0001 4203 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154



## U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com@ PB 5/24/2011 MO150060 E Escalation Postage \$2,40000 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)

**Total Post** 

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**BRAD BOYTER** Sent To

WESTERN CLAY CO

620 E STATE HWY 24 Street, Apt. 1 or PO Box N AURORA UT 84620

City, State, 2

PS Form 3800. August 2006

See Reverse for Instructions